

## STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE TENNESSEE STATE BOARD OF ACCOUNTANCY

500 JAMES ROBERTSON PARKWAY DAVY CROCKETT TOWER NASHVILLE, TENNESSEE 37243 (615) 741-2550 or 1-888-453-6150 FAX: (615) 532-8800 www.state.tn.us/commerce/boards/tnsba

## TSBA PEER REVIEW PROGRAM

## INFORMATION REQUIRED FOR SCHEDULING TSBA REVIEWS

Name Address
TN Firm Permit Number
DATE DUE FOR REVIEW (date by which review must be <b>completed</b> ) August 31, 2008
YOUR REVIEW WILL BE PERFORMED UNDER THE STANDARDS APPLICABLE TO THE TENNESSEE STATE BOARD OF ACCOUNTANCY
Please provide the following information concerning your upcoming review. When making inquiries about your review, please refer to the TN Firm Permit number issued to you by the State Board of Accountancy.
1. Mailing Address (If different from above)
Please indicate the reason for the different address:  ☐ Change of office address ☐ Other (specify)
2. Managing owner: Mr. Ms. Ms. Company Miles Last  Telephone Number (CDDD) CDDD CDDD CDDD CDDD CDDD CDDD CD
Telephone Number (☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Telephone Number (
4. Total number of owners

Form # IN-1512 200-1

5.	Total number of offices in Tennessee	шш	_		
6.	Total number of professional staff in the firm, including owners (for this purpose, professionals are CPAs and other individuals expected to seek that status):				
	□ A One       □ C 6 to 10       □ E 20         □ B 2 to 5       □ D 1 to 19       □ F 50		G 100 or more		
7.	During the last <u>calendar year</u> did the practice unit perfo	orm any of the	following engagements:		
	Compilations with disclosures?	Yes $\square$	_		
	Compilations that omit substantially all disclosure?	Yes $\square$	No		
	Reviews?	Yes $\square$	No $\square$		
	Audits?	Yes $\square$	No $\square$		
as to whether your practice unit will be subject to a review?  Yes No No  8. Complete the following information concerning your practice unit's review:  a. Estimated commencement date//					
	b. Information on the reviewer: Log onto <a href="http://www.state.tn.us/commerce/boards/tnsba/pdf/peerReview/PeerReviewList.pdf">http://www.state.tn.us/commerce/boards/tnsba/pdf/peerReview/PeerReviewList.pdf</a> to view an updated list of the approved reviewers.				
	<ol> <li>Name:</li> <li>Address:</li> <li>Telephone and Fax Number:</li> <li>Certificate Number and State:</li> </ol>				
9.	Please check <u>all</u> the appropriate boxes for the areas in v	which the prac	tice has engagements.		
	<ul> <li>☐ 1. Reviews and Compilations</li> <li>☐ 2. Prospective Financial Information</li> <li>☐ 3. Personal Financial Statements</li> <li>☐ 4. Audits of Employee Benefit Plans</li> <li>☐ 5. Other Audits</li> </ul>				

Form # IN-1512 200-2

	<b>*</b> 6.	Audits Under Government Auditing Standards ("yellow book")		
	<b>*</b> 7.	Audits of Federal Financial Assistance Programs		
	*8.	Audits of Financial Institutions		
	<b>*</b> 9.	Audits of Rural Utility Services Borrowers		
	*10.	Attest Services (Excludes Prospective Financial Information)		
	*11.	Agreed-Upon Procedures under SAS No. 93		
firm o	ved for contract	ew performed by the TSBA Peer Review standards is not Yellow Book standards or financial institutions. Should your to perform any of these audits, your review <u>must</u> be performed PA Peer Review Program.		
		ractice Unit perform any accounting or auditing engagements through a joint p, or corporate arrangement with another accounting firm?		
Yes \( \sigma \) i outside yo	No  Our Pract	If yes, briefly describe those engagements and the relationships with the parties ice Unit.		
in this star	te?	If no, please explain		
practice p	ublic acc	limitations or restrictions on your firm's or its personnel's current ability to ounting that were imposed by any regulatory, monitoring or enforcement body?  If yes, please explain		
questions continue	on this fo	and the other owners and employees of the firm, if any, who have responded to the orm and who will respond to inquiries made by the reviewer have done so and will o candidly without knowingly misrepresenting the facts or failing to disclose formation.		
Signature	:	Date:		

This form must be returned within 30 days

Form # IN-1512 200-3